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ABSTRACT

A structured technique for saying "good-bye," or terminating a relationship, an important aspect of the therapeutic relationship, is presented. It consists of three distinct phases that are all dynamically interrelated, and can also be structured into separation caused by death. The technique is described in terms of three specific areas on which the patient is asked to elaborate: (1) what she/he has learned or remembers about the other person in the relationship; (2) a statement to the other person as to whether or not she/he will be missed; and (3) the actual saying of good-bye to each other. This technique has been implemented within a family coping with the suicide death of a husband/father, and utilizes the modality of a psychodrama to complete the grief therapy. The text of the three-phase psychodrama (warm-up, action, and post discussion) is included. (Author/HLM)

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Saying Good-by: An Example of Using a 'Good-by Technique' and Concomitant Psychodrama in the Resolving of Family Grief

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Running Head: A Structured Technique in Saying Good-by

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Saying Good-by: An Example of Using a 'Good-by Technique' and Concomitant Psychodrama in the Resolving of Family Grief

Introduction

Good-byes are a very difficult part of life. A friendship ending or the termination of a therapeutic relationship all combine the effects of loss and the anticipation of its finality. To say good-by is to separate from a meaningful experience and to take new steps toward continued growth as a person.

It is for this reason that saying good-by becomes one of the most important aspects of the therapeutic relationship. The facilitation of one's saying good-by enhances growth and provides an opportunity for direct expression of emotions. It is the author's opinion that good-byes in treatment can be structured to intensify the patient's feelings about a termination or loss so that this may more effectively be worked on in treatment sessions.

This author has developed a structured technique for saying good-by which consists of three distinct phases that are all dynamically inter-related within the process. The patient is encouraged to elaborate on three specific concerns: (a) What it is he or she has learned or remembers about the other person, (b) To state to the other

person whether or not he or she will be missed, and (c) To actually say good-by to one another.

The therapist's role is to skillfully work through the resistance to these specific concerns and to facilitate the goal of the patient saying good-by. It is the purpose of this paper to represent how this technique has been implemented within a family utilizing the modality of psychodrama to complete the grief work around a father and husband who had committed suicide.

The Technique

The "Good-by Technique" is used within the action segment of a psychodrama to enhance and climax a protagonist's struggle with his or her feelings about separation and termination. Its purpose is to facilitate one's direct expression, realization, and acceptance of the loss.

Theoretical Rationale

Family therapy focuses upon the family system. The goal of family therapy is to facilitate open and direct communication within the family system. The purpose of family meetings is to change the inter-relationships within the family as opposed to changing any one specific individual. (Minuchin, 1974) It provides the therapist a re-enactment of ongoing patterns of behavior that occur between family members. (Walrond-Skinner, 1976, p. 52)

The course and duration of treatment will depend upon the overall situation and what the therapist expects to achieve. (Walrond-Skinner, 1976, p. 64) Walrond-Skinner delineates three types of family intervention; acute crisis intervention, brief intervention, and long-term intervention. Each particular strategy will evolve from the specified problem and the goals agreed upon to achieve the desired results.

Starr, a psychodramatist, has effectively used family therapy in conjunction with psychodrama. She reports that the family system is often the only viable means in working with grossly disturbed children whose behaviors and disruptiveness might be sabotaged in other forms of treatment. (Starr, 1977, p. 74) She reasons that the family's need for help facilitates their investment in treatment and their desire for change. Starr views the family system as needing to get help in what she calls, "real life practice--as provided by the psychodramatic experience." She proposes that:

> Work with the family group is directed not only at improved adjustment for the child but simultaneously at the development of new and improved roles for the family. (Starr, 1977, p. 74)

The protagonist must function to explore the chief family difficulties, specifying them and work toward their resolution. When

the exploration reaches a concise problem area, the therapist will use the principles of psychodrama in "warming up" the family in working together toward resolving the problem.

A suicide in a family will undoubtedly precipitate many painful feelings for the survivors. Yablonsky notes that:

> Many emotions felt by survivors toward the dead person often remain unresolved and require psychodramatic expression and clarification. An example of this problem relates to a suicide in which the deceased left a vicious note for his survivor, loading her with guilt about his death. The dead husband in a peculiar way had the "last word"--and the survivor was left with a painful package of unresolved feelings of guilt and grief. (Yablonsky, 1976, p. 82)

The abruptness of the person's death does not provide the opportunity for dialogue. It is of marked importance that this opportunity is made available to the survivors. Yablonsky sees that the resolution of "unexpressed feelings invariably produces a sense of peacefulness in the people who work out these complex emotions about the death through psychodrama." (Yablonsky, 1976, p.83) The acceptance of the loss will come about only when the finality of the separation is understood.

Case Illustration--Background Information

Susan B. was referred to the mental health center by her school psychologist because she was becoming a behavior problem. She was easily angered, and at times would become verbally abusive. She did not follow through on school assignments, appeared phobic of school, and was friendless. The school psychologist perceived a need for Susan to explore the possibility of deep-rooted psychological problems which he based on two percipitants:

1. The suicide of her father two years earlier which was one week prior to Susan's birthday.
2. Susan's mother's recent announcement of her engagement--setting the date to remarry one week after the anniversary of her late husband's suicide.

The school psychologist saw that Susan was becoming overwhelmed and unable to cope.

Initial Interview

Susan was accompanied to the clinic by her mother. She refused to be seen alone, having her mother take part in the initial interview.

Susan presented herself as a thirteen-year-old, moderately obese female who looked older than her chronological age. Her speech and annunciation were poor due to a major hearing deficit. Susan would use her poor hearing to control and manipulate others, especially her

mother. For example, when questions about why she was brought to the clinic were asked, Susan would only respond by cocking her head, seemingly not hearing what was said. When her mother brought up her father's suicide, Susan proceeded to turn off her hearing aid. The mother's response to Susan's behavior was that of complete helplessness.

As the interview progressed, Susan became increasingly more obnoxious, recalcitrant, and manipulative. She stated that she would never come back to "this place." She would never talk to the therapist nor would she discuss her father's death. As these responses elicited questions from the therapist, Susan became more defensive. She handled this by tuning in and out of the session. The continued 'buzzing' sound of her hearing aid was heard throughout the interview.

When a treatment contract was being negotiated, Susan became very angry. She refused to acknowledge that she had "any problems." She stated that she did not need to talk of her father's death, screamed at the therapist, and proceeded to run out of the office into a filled waiting room. She continued to disparage the therapist during this time.

Treatment Plan

The treatment plan that was established with Susan focused upon five areas of concern: 1. Avoidance of feelings, especially hurt; 2. Belligerance and negativism; 3. Poor peer relationships;

4. Loneliness; and 5. Unresolved grief around her father's death. Susan was initially seen in six individual sessions. She was then phased into an adolescent group, and as her resistance to discussing her father's suicide diminished, she was seen in family therapy.

The family began therapy two months into Susan's treatment. The members were initially all quite reluctant to attending therapy sessions. The family consists of Susan, three siblings: Robin, age 19; Janet, age 17; Linda, age 16; and Mrs. B., age 40.

Mrs. B took much of the initiative describing the events leading up to her former husband's death, and its aftermath. She stated that she and her husband were not getting along and were contemplating a divorce. She mentioned that he was constantly putting the children in the middle of differences between them. She further stated that he "finally killed himself by shooting a bullet into his head." She denied any feelings of remorse occurring at that time and proceded to meet her husband's wish--which was to be cremated. The children never saw their father after the shooting. There was no funeral and no one in the family was able to say good-by.

Each of the children voiced an open interest to discuss their father's death. They all agreed that the abruptness and the manner in which it occurred, left them with many confusing feelings.

A psychodrama contract was implemented with the family. They were advised that each member would have a chance to voice their thoughts

and concerns about their father and husband. Each member would say good-by, using the Good-by Technique outlined in the beginning of this paper.

Family Dynamics

The B Family consists of a single-parent family and two sibling subgroups. The two older girls, Robin and Janet, and the two younger girls, Linda and Susan. Robin and Janet were ascribed parental responsibilities in the family and often served as buffers in their parents' conflicts. Robin can be characterized as a strong, compulsive, authoritarian figure who is quite decisive. Janet is more of a loner but is easily influenced by her older sister. She is somewhat withdrawn and appears mysterious. Linda functions in the family to dissipate anxiety usually by joking or changing the subject to innocuous concerns. Susan and her mother have a symbiotic relationship. Mrs. B does not allow Susan to individuate and Susan in turn is watchful of any nuances of her mother's mood and expresses the family's grief and anger for them.

The Psychodrama and Case Illustration

Psychodrama consists of three phases: 1. The warm-up; 2. The action; and 3. The post discussion. (Yablonsky, 1976) In the case of the B Family, the warm-up became a discussion of the events leading up to the suicide. The warm-up was followed by each family member taking part in the action (The Good-by Technique). A closing discussion

acted as a means of enabling the family to share with one another how they were personally affected.

The warm-up is a means for the director to sense the tone of the group. The B Family was initially hesitant and resistant to any mention of the suicide. The director must direct the family toward specifying the issue to be worked on. Mrs. B begins:

Mrs. B: Uh, I know. Linda had told me something about her thoughts afterward. I think we all had them. That he had walked out. Kinda like going on a fishing trip.

Linda: Oh.

Mrs. B: Yes. And there were times when a car would pull up in the driveway and would almost look like her dad. Because we had really never seen him again. It was like he was coming back. I know that I have many dreams like that, that some day he would really come back. To all of us, it was as if he really wasn't dead, that he just kinda left us.

Director: We talked about that last week, kinda wondering whether he will be back.

Group: (Simultaneously state): Yes, we feel that way.

Mrs. B: Does it bother any of you that next week, Thursday, is the anniversary of his death? (Pause) Susan, does

it bother you that next week is the anniversary of his death? . . . Next week I will be gone . . . Next week I will be getting married.

Susan: It just tells me that he has been gone a little bit longer . . . (Susan looks to her older sister, Linda, and tells her. "Shut up Linda.") Well, Linda, (very sarcastically) does it bother you?

Analysis

The family initially avoided any discussion about the death. Linda viewed the situation as though her father had only gone on a fishing trip. Mrs. B preferred talking about her up-and-coming marriage rather than discussing her former husband's suicide. Susan, as did others in the family, manifested both anxiety through her intermittant laughter and displacement of anger. On one occasion she told her sister Linda to "Shut up." The director functioned in working through the family's resistance allowing them to engage in a discussion around their misperceptions and distortions of the actual facts. (Text continued)

Director: Two weeks after he killed himself was your birthday?

Susan: Yes. He died on the 14th, and I was born on the 28th.

Director: Two weeks to the day. Where were people when he killed himself?

Robin: I was working.

Mrs. B: I was in the car picking Robin up from work.

Director: So the other three sisters were at home. (Directing question to Susan.) What were you doing at that time?

Susan: Sleeping.

Director: So you went to bed around 9:00 PM?

Susan: 8:30 PM!

Director: And you were in the bedroom sleeping?

Susan: I didn't hear a thing.

Linda: Me and Janet. We were the only ones that heard it.

Director: And where were you at the time? (Looking to Linda and Janet.)

Linda: In my bed.

Director: Were you sleeping?

Linda: No. Just about to.

Janet: (Asking Linda) Well, what happened?

Linda: I just heard him walk into the room, open the door, and then lock the door. I heard a thump. Well, actually I heard a bang at first and then I heard a thump. I got up and Janet was at the bottom of the steps. She was down there yelling. She didn't hear anything, so I went downstairs.

Susan: Then what happened after that? (Appearing very eager to know the facts)

Janet: (Responding to Linda) I wasn't at the foot of the stairs.

Linda: Well, you met me there.

Janet: Yes. I came to the bottom of the steps because I heard something. I didn't know what was going on.

Linda: I thought you heard it.

Janet: I did hear it, but it didn't register. I didn't know what was going on.

Analysis

The director begins to focus the family. He initiates this by obtaining the family's perceptions of the facts leading up to the suicide. In doing so, it is apparent that they had never discussed this matter. Janet, who was home at the time, had to ask her sister, Linda, what actually happened. Susan continued the dialogue by also asking Janet to elaborate. The director allowing the family to talk about the death facilitates an open expression of their feelings.

The scene begins to develop. The B Family is faced with sharing the final farewells with the deceased. A ceramic container is placed on the table in front of the family. The container is used to represent the urn of the deceased.

Saying Good-By: Janet, Robin, and Linda

Each member of the B Family was encouraged to respond to the three phases of the Good-By Technique. As they viewed the simulated urn in front of them, Janet, the second oldest, chose to begin. She was followed by Robin, Linda, Susan, and lastly, Mrs. B.

Janet began by identifying the memories she had of her father. Her recurring memory was that she was placed in the middle of disputes between her parents. She told her "father" that, "She resented this position." As she spoke of missing her father, she began to cry. She, however, firmly said good-by.

Robin was more elaborate about her memories. She stated:

> Well, Dad, the thing I remember most is that you taught me to respect people and that you have to be honest with yourself and with others. You can't lie or cheat because you are only cheating yourself. You can't put your children between problems that you have between you and your wife . . . (continues to pause) In a way, I wish you two had never met. (Beginning to cry) You were not right for each other . . . (Pause) I miss doing things with you: Christmases, picnics, and parties at our house. (Again becoming tearful) I miss you! Good-by.
>
> Director: How do you feel?
>
> Robin: Relieved. I feel at peace with myself knowing where my head is at.

Linda began by sharing her saddness about her father's loss. She initially refused to say good-by. As she was encouraged by others to do so, she began to cry.

Linda: (Sobbing) I'm mad I said good-by.

Director: (Acting as an auxiliary ego) It hurts to say good-by.

Linda: (Repeating this) It hurts to say good-by. (Sobbing uncontrollably)

Director: (After a long pause and very empathically) How does it feel?

Linda: (Looking up) Relieved.

As Linda continued to cry, her sisters all began to comfort her. Susan gave her tissues while Janet and Robin encouraged her to express her feelings that for so long were dormant. She did so for several minutes.

Analysis

The three examples delineated above demonstrate how each girl was able to express their feelings about their father's suicide. Janet was able to express feelings of anger and resentment. Robin was able to share some fond memories of what she had learned from her father, while also realizing some of his limitations. Linda, who initially refused to say good-by, was eventually able to use the experience for an intense catharsis of her pent-up emotions.

The Final Good-Byes of Susan and Mrs. B

Susan and Mrs. B were last to say good-by. They both appeared to have resisted any initial attempts at identification of their feelings

about the deceased. Susan initially handled the situation by reverting back to prior behavior patterns. She became very angry and hostile toward the director. She left a session when she was encouraged by the family to participate. She stated that, "I'm not going to do it." She then proceeded to run from the room in obvious anguish and agitation. It was apparent that both Susan and Mrs. B needed each other's support. Each was able to facilitate the other's taking the initiative to work through a very painful ordeal.

Mrs. B begins by:

Mrs. B: We had a discussion on the way over today that she would say good-by to her father.

Susan: No, I didn't say I would say good-by.

Mrs. B: Yes, you did.

Director: You did decide on something.

Susan: I was mad at him. I don't know why he killed himself anyway. It's a sin!!

Director: You were both mad and angry.

Susan: Ah, (again sneering) mad and angry are the same thing!!

Director: What was it like, Susan? (Very empathically)

Susan: Sad.

Mrs. B: Susan, just pretend in your own mind that you are having a chance to say good-by to your father.

Susan: I doubt that. It ain't going to be easy.

Mrs. B: Of course it isn't going to be easy.

Susan: I rather it was.

Mrs. B: What would you say to him? Say that I was your father and I was sitting here.

Susan: You? You don't even look like my father. I don't know what I would say to him. I'd probably cry. (Susan to the director) You gotta stare? That annoys me! (Director nods) Then why do you do it?

Director: I wonder if it is easier to get angry at me than it is to get angry at your father who killed himself.

Susan: It's easier to get angry at you.

Director: Your father shot himself in the head.

Susan: You didn't shoot yourself in the head.

Director: No, it was your father who did that.

Susan: Why yes, I'm most angry at what he did--for not saying good-by. Stop that staring. It makes people uncomfortable. It makes me want to leave.

Director: So that's how you're feeling right now. You're uncomfortable and you just want to get out of here . . .

Susan: I think a lot of good things about him and a lot of bad things about him, and I know that that's not dad. I can

only speak to the real thing. I don't pretend anything anymore!!

Director: You don't pretend anything anymore.

Susan: No, I don't !! (very angrily)

Director: I would like you to look at your dad.

Susan: That's not my dad!

Director: That's right. It's only a representation of him. I would like you to look at the representation of him. Is that fair?

Susan: Yeah, that's fair . . . Oh this is dumb. Well, okay . . . I remember the things that we did together, you know like fishing and the fun trips that we had . . . talking to you. And the bad things I remember is when you punished me . . . but at least I learned from it. I may be mad at you for killing yourself because it's a sin. But I am also happy for you because you are out of life. And I'm gonna miss you a lot. I'm sure of that. (Beginning to cry) Good-by. (Pause) I don't feel anything.

Mrs. B: Well, you said it. I'm proud of you.

Director: Susan, how are you feeling right now?

Susan: I feel mad at him for killing himself that way. It's

a sin. Yeah, I said good-by. It felt sad . . . I think about him almost every day. I don't think that there is a day that goes by without thinking about him. Now it's your turn (turning to her mother) . . . I'll help you.

Mrs. B: There probably were good times. I'm not denying that, but I haven't been able to remember many. He would have.

Director: (Acting as an auxiliary ego) You would have remembered some of the good times. It's hard for me to remember those good times.

Mrs. B: (Repeating the A. E. and breaking down in tears) I can't. I can't. (Putting her head amidst her two hands and crying)

Director: (Again repeating the A. E.)

Mrs. B: I can't . . . I can't remember any of the good times. It's very hard for me . . . (Pause . . . Susan looks to her mother, who continues to cry)

Susan: (Acting as an A. E.) It's hard to remember the good times. It's only the bad times that you can remember.

Director: (A. E.) It is very hard to remember the good times.

Mrs. B: (Beginning to sob) It is very hard to remember any of the good times. You always thought that everything

was going fine. I always let you think everything was going fine. Well, you finally did it. I hope you are happy now. At least I'm rid of all the anxieties. I just hope you are happy. (Continuing to sob) I just want to say good-by.

Director: Are you gonna miss him? You can't say good-by yet. Mention to him whether or not you are going to miss him.

Mrs. B: I think I am going to miss you. (Pause) No, I am not going to miss you!!

Director: (Again alter-egoing Mrs. B) I am relieved that it is over.

Mrs. B: (Breaking down completely and sobbing) I'm relieved that it's over. (Responding to the director's alter-egoing)

Director: Talk a little bit about how you feel. (Very empathically) Did you think it would be very hard for you to say good-by?

Mrs. B: No, not really.

Director: Was it?

Mrs. B: (Again crying) Yes, mainly because I never talked to John like that. I guess I never . . . told him how I felt. I don't believe I ever did. You really couldn't.

He never listened to you. Maybe I needed that. Maybe I just really needed to say good-by to him. Now I can begin to live my life. I for so long carried so much guilt with me. And I know in many ways I tried. He wanted so much pity out of everyone--to feel sorry for him. You had to take care of him. You had to do this. You couldn't walk out on him because he would do what he did. Many times did he sit there . . . especially towards the last . . . with the shotgun up to his chin just letting me know that he was going to do it and wanting me to turn my head or go into the other room or do something so he could do it. He wanted me to know that he was going to do it and it would be my fault! He did this. He even tried to put the gun in my hand. I just can't miss him!

Susan: I'm happy that you got it all out. And I feel sad too, that you felt that way and that you felt guilty. He did a lot of bad things to her.

Director: Did you know that it was going to be that difficult for your mother?

Susan: Yes. I had an idea.

Analysis

Susan was initially very resistant to following through with the psychodrama. She did numerous things to elicit confronting of her behavior by others. It was very important for the therapist to gradually work through her resistance. She responded quite well to periodic checks from the therapist as to whether or not he was being fair. Once this was confirmed, Susan would become involved and seemed to take pride in her ability to follow through with the task at hand.

Susan's mother, however, had a much more difficult time. She could not share any positive feelings toward her former husband. The tremendous guilt and anger she felt was evidenced in her final comments. Susan was able to intervene in a supportive way when her mother was unable to say that she would miss her former husband. Susan did so in a mature and understanding manner, enabling Mrs. B to bid her final farewell to her former husband.

Summary and Conclusion

Good-byes in treatment can be structured to heighten the emotional impact and work toward facilitating a catharsis. The use of the "Good-by Technique" delineates three distinct phases of saying good-by. The initial phase makes reference to what is remembered about the other person. This is followed by the second phase which addresses

the issue of whether or not the person will be missed. The final phase of actually saying good-by concludes the process.

The B family was instructed to use this technique in conjunction with psychodrama. The technique was implemented during the action phase of a familial psychodrama and facilitated direct expression, realization, and acceptance of the loss of a family member who committed suicide. Each member helped one another reach this goal. The final farewell of the identified patient and her mother climaxed an emotional release of anxiety and guilt associated with the deceased.

The treatment technique proved to be a useful strategy for the B family. The implications of the "Good-by Technique" and usages in other forms of treatment will need further investigation and exploration by clinicians. I have personally found the technique most useful during the termination phase of psychotherapeutic treatment. The patient and therapist who resist this vital phase are immediately confronted with the realization and necessity of separation through their reciprocal responses elicited by the "Good-by Technique."

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